

**Public Health Committee
Public Hearing
March 5, 2007**

**Testimony of Kim Johnson, RN ASN
Nurse, VITAS Innovative Hospice Care**

My name is Kim Johnson. I am a registered nurse who is chemotherapy and palliative radiation certified, and I have been working in the hospice and palliative care field for two and a half years. I am here this morning to testify in support of Raised Bill No. 7193 which recognizes a state regulatory scheme for hospice-only providers in the State of Connecticut. Working with a culturally diverse group of experts, the hospice interdisciplinary team, helps clinicians to see the complex pain issues that patients have when facing death. Visits are holistic. Looking at the physical, emotional, spiritual and social needs of patients demands a different level of nursing take place. Visits are comprehensive, not task oriented like home health, and the family is as much a part of the visit as the patient. Our education on symptom management is ongoing at VITAS, as our value "I'll do my best today and do even better tomorrow" states which means that we are involved in ongoing education on pharmacology related to end stage disease, wound care, and complex symptom management. Aggressive palliative care is not a passive clinical focus, and our nurses and physicians are involved in specialty certification as part of maintaining that. Meeting the hospice physician at the bedside in the home of the patient demonstrates to the patient that he or she is important, not alone, with all the expertise available there, where he/she wants to be. They want to stay home, but don't want to compromise clinical skill, and that is what VITAS hospice service is, clinical expertise for the total suffering model, where you live and in your space. Nurses do not make visits looking not at tasks to complete, but how to make it all work for the patient and family so that we add quality to their days. Visits have as a focus helping the patient continue to live with symptoms managed so that they can attend to what they think is important. Having nurses available around the clock who are also end of life experts, hospice trained clinicians, reassures patients that the nights won't be too long. Having a nurse at the other end of the phone, and someone on the way, no matter whether it is late at night or early morning, no matter if a holiday or weekend makes sure they are never alone. Experts in hospice are always there. By looking at the whole patient, seeing all the complicated factors which are part of the symptoms being addresses, hospice team members work with the attending physicians to help patients stay at home, wherever that is, because that is what patients and their families tell

us, they want to stay home. Hospice is an emergency, so as soon as a referral is made, our entire team moves quickly to be present with the family, reassuring them that they are not alone, allowing for the important needs they have to be accomplished so that death is an expression of living. Patients tell us that they have important work to do when they know they are dying, even if they don't acknowledge they know death is imminent. They have "things to do" which include saying, "please forgive me, I forgive you, thank you, and I love you." All this before "good bye" and we, the hospice interdisciplinary team keep this in front of how we care for them, everyday redefining our visits based on the fact that patients and families come first, not tasks, but a team approach to assure patients with such special needs can meet their personal goals of care. I thank the Committee for hearing our statements. I would be pleased to answer any questions you may have for me.